



Organic Handling System Plan Retail Store - Restaurant

BUSINESS NAME:		
WSDA ORGANIC CERTIFICATION NUMBER (RENEWAL APPLICANTS ONLY):	COUNTY WHERE BUSINESS IS LOCATED:	STATE WHERE BUSINESS IS LOCATED:

Please provide directions to your facility or company location:

SECTION A. GENERAL INFORMATION [NOP 205.201 and 205.401]

The National Organic Program (NOP) requires all operations seeking certification to develop an organic system plan that is agreed to by the certified handler and an accredited certifying agent. A certified operation must update this system plan on an annual basis in order to verify continued compliance.

The organic system plan must include the following:

- A description of practices and procedures - including the frequency with which they will be performed,
- A list and detailed information regarding each substance to be used in organic handling,
- A description of the monitoring practices and frequency the practices will be performed,
- A description of the recordkeeping system that complies with the rule,
- A description of the practices in place to prevent commingling of organic and non-organic products,
- A description of the practices in place to prevent contamination of organic products with prohibited substances,
- Any additional information required by the certifying agent in order to evaluate compliance.

1. Do you have a copy of the National Organic Standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a New Applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a. If, "No," what was the first year you were certified by WSDA Organic Food Program?		
3. Have you previously <i>applied</i> for organic certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a. If, "Yes," please list the certification agency, the year the application was made, and the outcome of the application.		
4. If currently, or previously certified, did you receive a Notice of Noncompliance or a letter notifying you that in order to maintain organic certification conditions must be met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4a. If, "Yes," please list the noncompliance(s) or condition(s) and state how the issues have been resolved.		



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5. Have you ever been denied certification or had your certification suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5a. If "Yes," please describe the circumstances:			
6. Are you currently certified by an agency other than WSDA Organic Food Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a. If, "Yes," please list the name of the agency and the first year certified by that agency:			

SECTION B. COMPANY OVERVIEW - CHAIN OF CUSTODY

1. Please indicate which handling categories apply to your company. Please check all that apply.		
<input type="checkbox"/> Retail Store	<input type="checkbox"/> Restaurant	
<input type="checkbox"/> Wholesale Grocery Distributor	<input type="checkbox"/> Other (please specify):	
1. Does your company own the organic products that are handled by your company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a. If "Yes," at what point do you take ownership of the products handled by your company?		
2. Please indicate your estimated annual production of food products.	% Organic	% Non-organic/conventional
3. Does your company handle, or plan to handle, the same product in both an organic and in a conventional form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a. If "Yes," please provide a list of the products that are handled or processed in an organic and conventional form. Please attach a separate sheet of paper if necessary.		
4. Does your company have its own marketing label or brand name for organic products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. If "Yes," please provide the name or names of the marketing label or brand name:		



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SUB-CONTRACTS

5. Does your company plan to contract with any farms or other handling facilities to **produce, process, store, or label** organic products?

☐ Yes

☐ No

5a. If "Yes," please complete the table below. **Please attach a separate sheet of paper if necessary.**

Contract Farm or Company Name	Address	Phone No.	Organic Certification Agency of Farm or Contracted Company

7. Is your company responsible for creating product formulations or for sourcing ingredients for organic products processed or handled by another company?

☐ Yes

☐ No

SECTION C. RECEIVING – INCOMING ORGANIC PRODUCTS [NOP 205.103, 205.270, 205.272]

1. How are organic products are received at your facility? Please check all that apply.

☐ Bins

☐ Bulk bags

☐ Wholesale boxes

☐ Bulk trailer

☐ Totes

☐ Retail packages

☐ Drums

☐ Other (please specify):

2. What receiving/shipping documents accompany incoming organic products? Please check all that apply.

☐ Organic certificate

☐ Clean truck/equipment affidavits

☐ Scale ticket

☐ Transaction certificate

☐ Invoice

☐ Contracts

☐ Field ticket

☐ Purchase order

☐ Certificates of analysis

☐ Bill of lading

☐ Other (please specify):

3. Do all documents clearly identify products as organic?

☐ Yes

☐ No

4. Is an internal lot code assigned at the time of receipt of organic products?

☐ Yes

☐ No

4a. If "Yes," please describe the lot code system:



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5. Please describe how your company ensures **incoming** organic products are protected from contamination of prohibited substances and commingling with non-organic products:

SECTION D. CLEANING, SANITATION [NOP 205.103, 205.270, 205.272]

The NOP Rule requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances. Procedures used to maintain the organic integrity of ingredients or products must be documented.

1. Check all cleaning methods used prior to processing or handling organic products:

- | | | |
|--|---|--|
| <input type="checkbox"/> No Cleaning or Purging Occurs - Move onto Section E – Packing-Processing | <input type="checkbox"/> Compressed air | <input type="checkbox"/> Soap and water |
| <input type="checkbox"/> Sweeping | <input type="checkbox"/> Manual washing | <input type="checkbox"/> Steam cleaning |
| <input type="checkbox"/> Scraping | <input type="checkbox"/> Clean in place (CIP) | <input type="checkbox"/> Sanitizing |
| <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Purging of equipment | <input type="checkbox"/> Other (please specify): |

2. Please list all cleaning and/or sanitation materials used on food contact equipment and food contact surfaces. Please indicate which cleansers/sanitizers will be used during handling or processing of organic food products.

☐ None Used
(Go to question #7)

Cleansers/Sanitizers Used	Where is the material used (on what equipment or surface)?	Used During Organic Handling or Processing?	Frequency of Use	Check if cleaning is documented

3. Is the use of cleansers followed by a potable water rinse?

☐ Yes ☐ No ☐ None Used

4. Does your facility test food contact surfaces or rinsate water for cleaner/sanitizer residues?

☐ Yes ☐ No

5. Are Quaternary Ammonia products used prior to processing and/or handling organic products?

☐ Yes ☐ No

Please note that Quaternary Ammonia products are known to leave residues on food contact surfaces. You must ensure steps are taken to prevent contamination of food products if Quaternary Ammonia products are used at your facility.

5a. If "Yes," what steps are taken to prevent contamination of organic food?



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6. Please describe how your operation ensures organic products are not contaminated by a cleanser or sanitizer at your facility:

7. Is equipment purged prior to handling or processing organic products?

☐ Yes

☐ No

7a. If "Yes," please list and describe purge procedures and the quantities purged.

8. Please describe how your operation documents and records cleaning, sanitation, and/or purge practices and procedures.

Please attach a separate sheet of paper if necessary.:

SECTION E. PACKING, PROCESSING [NOP 205.103, 205.270, 205.272]

1. Please indicate what production records are maintained by your company.

☐ Equipment clean-out logs

☐ Ingredient Usage Reports

☐ Finished product inventory reports

☐ Product specification sheet

☐ Production log

☐ Packaging reports

☐ Ingredient inspection forms

☐ Waste log

☐ Other (please specify):

☐ Batch recipes

☐ Ingredient inventory reports

2. How are products identified as "organic" on production documents?

3. Are your packing or processing lines and/or equipment dedicated for use with organic products only?

☐ Yes

☐ No

3a. If "No," please describe how you ensure organic products are not contaminated with prohibited materials or commingled with non-organic products during **packing and/or processing**:



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4. How are partial packages/boxes/drums of organic products handled and how does your company ensure they are protected from commingling with non-organic products during packing or processing?

SECTION F. WATER [NOP 205.103, 205.272, 205.601, 205.605]

1. How is water used at your facility?

☐ **NOT USED – Move onto Section G - Storage**

☐ Ingredient

☐ Cooking

☐ Product transport (Fruit Floating)

☐ Cleaning organic products

☐ Cooling

☐ Cleaning equipment

☐ Other (please specify):

2. Source of water: ☐ Municipal ☐ On-site well ☐ Other (please specify):

3. Does the water meet the Safe Drinking Water Act?

☐ Yes

☐ No

4. Is water treated on-site?

☐ Yes

☐ No

4a. If "Yes," please indicate what water treatment processes are used:

5. Describe how you monitor water quality:

6. Is chlorine, calcium hypochlorite, chlorine dioxide, or sodium hypochlorite used in wash water or flume water at your facility?

☐ Yes

☐ No

6a. If "Yes," how often do you monitor or test discharge or effluent water to ensure the residual chlorine level in water leaving your facility is maintained at or below 4ppm (the maximum chlorine residual limit under the Safe Water Drinking Act)?

☐ Daily

☐ Weekly

☐ Monthly

☐ Annually

☐ Other (please specify):

6b. Please describe how you document the results of your monitoring or testing.



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SECTION G. STORAGE [NOP 205.270, 205.272]

1. Does your company store organic products at this facility?

☐ Yes

☐ No

1a. If "Yes," please provide details on your storage areas by completing the following table:

Use	Location /Name of Storage Area(s)	Type/Capacity	Is Storage Unit Dedicated Organic?
Dry Product Storage			
Cold Product Storage			
Packaging Material Storage			
Other (please specify)			

* If off-site storage is utilized, please ensure the name, address, and phone number of the facility is noted in Section B, Table 5a.

3. Please describe how you ensure organic products are not contaminated with prohibited materials or commingled with non-organic products during **storage**. Please include details on both incoming product storage and finished product storage.

SECTION H. PACKAGING, STORAGE CONTAINERS, AND SHIPPING CONTAINERS [NOP 205.270, 205.272]

The NOP Rule requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances. Packaging materials, bins, and storage containers must not contain a synthetic fungicide, preservative, or fumigants. Reusable bags or containers that have been in contact with any substance in such a manner as to compromise the organic integrity unless the bag or container has been thoroughly cleaned. Procedures used to maintain the organic integrity of ingredients or products must be documented.

1. Does this facility pack organic products into retail packages or place organic products in storage or shipping containers?

☐ Yes

☐ No

1a. If "No," move onto Section I – Outgoing Organic Products.



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1b. If "Yes," what type(s) of packaging materials or storage/shipping containers do you use? Please check all that apply.			
<input type="checkbox"/> Paper	<input type="checkbox"/> Glass	<input type="checkbox"/> Aseptic	
<input type="checkbox"/> Cardboard	<input type="checkbox"/> Metal	<input type="checkbox"/> Synthetic fiber	
<input type="checkbox"/> Wood	<input type="checkbox"/> Foil	<input type="checkbox"/> Natural fiber	
<input type="checkbox"/> Plastic	<input type="checkbox"/> Waxed paper	<input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> Poly			
2. Are all packaging materials and/or storage and shipping containers food grade?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have any packaging and/or storage and shipping containers been exposed to synthetic fungicides, preservatives, or fumigants?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are packaging materials and/or storage and shipping containers reused?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. If "Yes," please describe how organic products are protected from contamination when placed in the reused container:			
5. Are containers or packaging identified as organic?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5a. Please describe how you identify packages or containers as organic.			
6. Is all packaging and labeling equipment cleared of organic identification prior to all subsequent conventional runs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION I. OUTGOING ORGANIC PRODUCTS [NOP 205.103, 205.270, 205.272]

1. How do organic products leave your facility? Please check all that apply.		
<input type="checkbox"/> Wholesale boxes	<input type="checkbox"/> Retail packages	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Bulk bags	<input type="checkbox"/> Products consumed on site	
2. Please indicate what shipping or sales documents are maintained by your company. Please check all that apply.		
<input type="checkbox"/> Purchase order	<input type="checkbox"/> Sales invoice/receipt	
<input type="checkbox"/> Bill of lading	<input type="checkbox"/> Other (please specify):	
3. How are products identified as "organic" on outgoing product documents?		



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SECTION J. PEST MANAGEMENT [NOP 205.271]

The NOP Rule requires a certified handling company to use management practices to prevent pests that includes, but is not limited to, the removal of pest habitat, food sources and breeding areas, and prevention of access to the facility. Environmental factors such as temperature, light, humidity, atmosphere, and air circulation may also be used to prevent pests. Control of pests may be accomplished by mechanical or physical controls including, but not limited to, traps, light, sound, or lures and repellants that use nonsynthetic or synthetic substances consistent with the National List. If these measures are not effective, a synthetic substance not on the National List may be used, provided the certifying agent approves use of the substance, method of application, and measures taken to prevent contact with ingredients or organic products. Use of pest control products must be documented and included as part of the organic system plan.

1. What type of pest management system does your facility use?

- ☐ In-house: Name of responsible person _____
- ☐ Contract pest control service: Name, address, phone number _____

2. Check all pest problems at your facility:

- | | | |
|---|---|--|
| <input type="checkbox"/> No pest problems | <input type="checkbox"/> Crawling insects | <input type="checkbox"/> Rodents |
| <input type="checkbox"/> Flying insects | <input type="checkbox"/> Birds | <input type="checkbox"/> Other (please specify): _____ |

3. Check all pest management practices used at your facility:

- | | | |
|---|---|--|
| <input type="checkbox"/> Good sanitation | <input type="checkbox"/> Incoming ingredient inspection | <input type="checkbox"/> Vitamin baits |
| <input type="checkbox"/> Removal of exterior habitat/food sources | <input type="checkbox"/> Ultrasound/light devices | <input type="checkbox"/> Pyrethrum |
| <input type="checkbox"/> Clean up spilled product | <input type="checkbox"/> Release of beneficials | <input type="checkbox"/> Rotenone |
| <input type="checkbox"/> Sealed doors and/or windows | <input type="checkbox"/> Sticky traps | <input type="checkbox"/> Boric acid |
| <input type="checkbox"/> Repair of holes/cracks | <input type="checkbox"/> Electrocutors | <input type="checkbox"/> Diatomaceous earth |
| <input type="checkbox"/> Screened windows/vents | <input type="checkbox"/> Pheromone traps | <input type="checkbox"/> Fumigation* |
| <input type="checkbox"/> Physical barriers | <input type="checkbox"/> Mechanical traps | <input type="checkbox"/> Fogging* |
| <input type="checkbox"/> Air curtains | <input type="checkbox"/> Freezing treatments | <input type="checkbox"/> Crack and crevice spray* |
| <input type="checkbox"/> Monitoring | <input type="checkbox"/> Heat treatments | <input type="checkbox"/> Other (please specify): _____ |

* The use, frequency, and method of application of these synthetic substances must be approved by WSDA. Please explain how organic products are protected from exposure to these substances at your facility.



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SECTION K. QUALITY ASSURANCE [NOP 205.103, 205.270, 205.272]

The National Organic Program requires a certified operation to maintain records regarding the handling of organic products. These records must be adapted to the particular business or operation, must fully disclose all activities and transactions of the certified operation in sufficient detail to be readily understood and audited, must be maintained for five years, and must be sufficient to demonstrate compliance with the National Organic Program Rule.

In order to gain a better understanding of your company and the quality assurance systems, or recordkeeping systems, in place at your facility, please complete the following section.

1. Do you have standard operating procedures for organic processing and/or handling? If "Yes," please attach a copy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have a Quality Assurance program in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a. If "Yes," please indicate what type of program. <input type="checkbox"/> ISO <input type="checkbox"/> HACCP <input type="checkbox"/> Total Quality Management <input type="checkbox"/> Other (please specify):		
3. Are any outside quality assessment services used (i.e. EuropGap, AIB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a. If "Yes," please list the name of the company.		
4. Does your company conduct product testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. If "Yes," please list the types of quality or residue testing conducted.		
5. Are ingredient samples retained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are finished product samples retained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you have a recall system in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does your company conduct internal audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Can your record keeping system track the finished product back to all ingredients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Can your record keeping system balance organic ingredients in and organic products out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. The NOP requires records related to an organic product be maintained for five years. Please describe your system for maintaining records related to organic products.		

SECTION O. PRODUCT FLOW [NOP 205.270, 205.272]

Please provide a schematic product flow chart for your facility. The flow chart(s) must:

- Show the movement of all organic products, from incoming/receiving through production to outgoing/shipping.
- Indicate where ingredients are added.
- Indicate where post harvest materials and/or processing aids are used.
- Indicate all equipment and storage areas associated with organic products.